

UNITED STATES DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20530RECEIVED
DEPARTMENT OF JUSTICE

AMENDMENT TO REGISTRATION STATEMENT

JAN 24 2 35 PM '75

Pursuant to the Foreign Agents
Registration Act of 1938, as amended.REGISTRATION UNIT
INTERNAL SECURITY
SECTION
CRIMINAL DIVISION

1. Name of Registrant Mrs. Rose Marie Fliegel	2. Registration No. 495
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3. This amendment is filed to accomplish the following indicated purpose or purposes:

- ☒ To correct a deficiency in
☒ Initial Statement
☐ Supplemental Statement for _____
☐ To give notice of change in an exhibit previously filed.
- ☐ To give a 10-day notice of a change in information as required by Section 2(b) of the Act.
☐ Other purpose (specify) _____

4. If this amendment requires the filing of a document or documents, please list -

5. Each item checked above must be explained below in full detail together with, where appropriate, specific reference to and identity of the item in the registration statement to which it pertains. If more space is needed, full size insert sheets may be used.

to Item 15 Short-Form Registration Statement of December 17, 1974:

NO DONATIONS

The undersigned swear(s) or affirm(s) that he has (they have) read the information set forth in this amendment and that he is (they are) familiar with the contents thereof and that such contents are in their entirety true and accurate to the best of his (their) knowledge and belief.

(Both copies of this amendment shall be signed and sworn to before a notary public or other person authorized to administer oaths by the agent, if the registrant is an individual, or by a majority of those partners, officers, directors or persons performing similar functions who are in the United States, if the registrant is an organization.)

Rose Marie Fliegel

Subscribed and sworn to before me at New York, N.Y.
this 21ST day of January, 1975

JOHN LIEBL

Notary Public, State of New York
No. 31-2358850 Qual. in New York Co.
Commission Expires March 30, 1975

John Liebl
(Notary or other officer)

My commission expires _____